

Michigan Application for Individual Resident License*(Please Print or Type)*

1 Social Security Number			2 If assigned, National Producer Number (NP#)			3 If applicable, NASD Individual Central Registration Depository (CRD) Number			
4 Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>			5 Financial institution/bank FEIN and name						
6 Last Name		7 JR./SR. etc		8 First Name		9 Middle Name		10 Date of Birth (month) ____ (day) ____ (year) ____	
11 Residence/Home Address (Physical Street)					12 Home Address (Line Two)				
13 City		14 State or Province		15 Zip		16 Foreign Country			
17 Home Phone Number () -		18 Gender (Circle One) Male Female		19 Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply work authorization)					
20 Employer's Name									
21 Business Address (Physical Street)					22 Business Address (Line Two)				
23 City		24 State or Province		25 Zip		26 Foreign Country			
27 Business Phone Number () -		28 Extension	29 Business Fax Number () -		30 Business E-Mail Address			31 Business Web Site Address	
32 Mail Address (Physical Street or PO Box) ** Complete Mailing Address is Required **					33 Mailing Address (Line Two)				
34 City		35 State or Province		36 Zip		37 Foreign Country			
38 List any name under which you are doing business									

Agency or Business Entity Affiliations

39 List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____	NP # _____	Name of Agency _____
FEIN _____	NP # _____	Name of Agency _____
FEIN _____	NP # _____	Name of Agency _____
FEIN _____	NP # _____	Name of Agency _____

Employment History

40 Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

		From		To		Position Held
		Month	Year	Month	Year	
Name	City	State				
Name	City	State				
Name	City	State				
Name	City	State				
Name	City	State				
Name	City	State				
Name	City	State				
Name	City	State				

41	Type of License Requested								
Check the box in front of the license type(s) and the boxes under the line(s) of authority for which you are applying.									
License Type		Lines of Authority Requested							
		Life	Accident & Health	Property	Casualty	Title	Personal Lines	Credit Products	Limited Lines Property Casualty
	Agent/Producer								
	Surplus Lines Producer								

Background Information	
42 The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.	
<p>1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___</p> <p>"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement explaining the circumstances of each incident, b) a copy of the charging document, and c) a copy of the official document that demonstrates the resolution of the charges or any final judgment. 	
<p>2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___</p> <p>"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding that is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement identifying the type of license and explaining the circumstances of each incident, b) a copy of the Notice of Hearing or other document that states the charges and allegations, and c) a copy of the official document that demonstrates the resolution of the charges or any final judgment. 	
<p>3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___</p> <p>If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.</p>	
<p>4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___</p> <p>If you answer yes, identify the jurisdiction(s): _____</p>	
<p>5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement summarizing the details of each incident, b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment. 	
<p>6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and b) copies of all relevant documents. 	
<p>7. Do you have a child support obligation in arrearage? Yes ___ No ___</p> <p>If you answer yes, by how many months are you in arrearage? _____ Months</p>	
<p>8. Are you the subject of a child support related subpoena or warrant? Yes ___ No ___</p> <p>If you answer yes, submit a statement showing compliance with administrative or court ordered child support.</p>	
<p>9. Are you currently employed by, do you own stock in, or are you an officer or director of, or are you in any other manner connected with a funeral establishment, mortuary or cemetery? Yes ___ No ___</p>	
<p>10. If you previously held the same type of license for which you are applying and the most recent resident license held was in a state other than Michigan, check Yes. If no resident license was previously held, or the most recent resident license was in Michigan, check No. Yes ___ No ___</p>	

Applicants Certification and Attestation

43 The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. I certify that I have read the instructions and material stated on this form and hereby attest that I am in compliance with all requirements and regulations referenced therein.

Month Day Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

Attachments

44 As indicated for Background Information questions above

Authorized by PA 218 of 1956 as amended. Failure to properly complete this application may result in a rejection of your application, or a compliance action including revocation, against any Michigan licenses issued to you by the Office of Financial and Insurance Services.



Michigan Department of Labor & Economic Growth

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, sexual orientation, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Visit OFIS online at: www.michigan.gov/ofis

Phone OFIS toll-free at: 1-877-999-6442

Fee Processing Card Instructions

Please read these instructions carefully. Complete and detach the bottom portion at the dotted line. Keep the top part for your records. Return the bottom part with your payment as instructed. Insurance forms may be downloaded from our website at www.michigan.gov/ofis

Attach this Fee Processing Card below (form FIS 0223) to your payment for:

Mailing address changes for producers, agencies, solicitors, counselors and adjusters only (using FIS 0262 Name/Address Change form).

Applications for insurance license (using forms FIS 0202, FIS 0220, FIS 0221 and/or the NAIC Uniform Applications).

NO FEES ARE REQUIRED FOR CERTIFICATION AND CLEARANCE LETTERS, DUPLICATE LICENSES OR NAME CHANGES. Do not include this fee processing card or payment with these requests. Use form FIS 0261 Document Request for certification/clearance letter or duplicate license. Use form FIS 0262 Name/Address Change to notify us if your name has changed. Please do not request a duplicate license. We will automatically issue a new license document and send it to your mailing address.

Please make your payment using a check or money order made payable to: **State of Michigan**.

Fees submitted are non-transferable and non-refundable.

Complete the Fee Processing Card, by typing or printing the applicant or licensee name and either your System ID Number if you are already licensed, OR Social Security Number (for individuals) / Employer I.D. Number (business entities) if you are a new applicant. Use the checkbox(es) to indicate the fee(s) you are paying.

Applications if an exam IS required: Submit your application form, form FIS 0223 Fee Payment Card, and payment at the exam site when taking your exam.

Applications if an exam IS NOT required: Submit your completed application, form FIS 0223 Fee Payment Card, and payment to the address at the right.

Address changes: Check the appropriate box on the Fee Processing Card. Submit form FIS 0262 Name/Address Change, form FIS 0223 Fee Payment Card, and payment to the address at the right.

Mailing and delivery address

**Thomson Prometric/OFIS
3105 S Martin Luther King Blvd PMB 179
Lansing MI 48910-2939**



Michigan Department of Labor & Economic Growth

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, sexual orientation, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Visit OFIS online at: www.michigan.gov/ofis Phone OFIS toll-free at: 1-877-999-6442



Please cut form on this line. Retain top part for your records. Return bottom part with your payment. Please do not use staples.



FIS 0223 (9/06) Office of Financial & Insurance Services

Fee Processing Card

Use a separate card for each application or address change. If you have questions about this form, please phone us toll-free at 877-999-6442.

Make agency or company check or money order for full amount due, payable to "State of Michigan"

Application and License Fees		Amount Due
<input type="checkbox"/> Resident Producer/Agency	98-05-01	\$10.00
<input type="checkbox"/> Non-Resident Producer/Agency	98-04-01	\$10.00
<input type="checkbox"/> Solicitor	98-06-01	\$20.00
<input type="checkbox"/> Counselor	98-02-01	\$20.00
<input type="checkbox"/> Insurance Adjuster	98-03-01	\$15.00
<input type="checkbox"/> Adjuster for the Insured	98-01-01	\$15.00
<input type="checkbox"/> Surplus Lines Producer/Agency	98-07-13	\$110.00
<input type="checkbox"/> Non-Resident Surplus Lines Producer/Agency	98-14-01	\$110.00

Address Change Request	Amount Due
<input type="checkbox"/> Address Change	98-19-32 \$3.00

Name (Last, First Middle) or Business Entity name

If you are already licensed, enter your 7-digit System ID Number

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New Applicants: Enter Social Security Number (individuals) or Agency Employer ID Number

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